

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R4 / 11-16)
Prescribed by the Department of Local Government Finance

CONFIDENTIAL

FORM CF-1 / PP

PRIVACY NOTICE
This form contains information confidential pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

INSTRUCTIONS:

- Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1, and May 15, of each
 year, unless a filing extension under 1C 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between
 January 1, and the extended due date of each year.

January 1, and the exter 3. With the approval of the	designating b	ody, compliance i	nformation fo	r multiple projects	may be conso	lidated on one (1	l) compliance	(CF-I).			
SECTION 1		TAX	PAYER INFO		STATE OF THE	STALL STALL		WELL SPINE			
Name of taxpayer Tri Aerospace, LLC	xpayer						County Vigo				
Address of taxpayer (street and number, city, state and ZIP code) 1055 S. Hunt Street)17	DLGF taxing district number					
Terre Haute IN 47803			OT:	TV OI		84007	84007				
Name of contact person Lindy Price						Telephone number (812) 872-2400					
SECTION 2	L	DCATION AND DI	ESCRIPTION	OF PROPERTY	75 ST 18						
Name of designating body Common Council of the City of Terre Haute LOCATION AND DESCRIPTION OF PROPERTY Resolution number #4, 2013						Estimated start date (month, day, year) 03/01/2013					
Supplies Affiliation of the Control	ocation of property 1055 S. Hunt Street						ate (month, c	lay, year)			
Description of new manufacturing equipment, or retechnology equipment, or new logistical distribution	new research	and development	equipment,	or new information		Estimated completion date (month, day, year 05/01/2013					
A 4 Axis horizontal machi- aircraft engines and engi	ning ce	nter used	in the	e producti	on of	Actual completion date (month, day, year) 05/01/2013					
	ne part				CALLED THE REAL	00/01/2					
SECTION 3	OYEES AND		EES AND SA	ILARIES	ASE	STIMATED ON SB	-1	ACTUAL			
	LOTEES AND	JALARIES			702	33		35			
Current number of employees Salaries				_		1,316,684	1	2,003,878			
		MITHING	LINA	1		33	3	33			
Number of employees retained Salaries		VILIVAU	HANU	U		1,316,684	i	1,889,370			
Number of additional employees							3				
Salaries						183,390 114		114,508			
SECTION 4		COST	AND VALU	ES			K 1445	N 19 19 19 19 19 19 19 19 19 19 19 19 19			
	MANUFACTURING R & D EQUIPMENT				LOGIS EQUIF	LOGIST DIST IT EQUIPMENT					
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	cost	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE			
Values before project							<u> </u>				
Plus: Values of proposed project											
Less: Values of any property being replaced Net values upon completion of project											
ACTUAL	COST	ASSESSED VALUE	cost	ASSESSED VALUE	COST	ASSESSED VALUE	cost	ASSESSED VALUE			
Values before project								-			
Plus: Values of proposed project											
Less: Values of any property being replaced											
Net values upon completion of project											
NOTE: The COST of the property is confidential	pursuant to I	C 6-1.1-12.1-5.6 (c).			CALVESTICA & VO		18-10-03-23-34			
		RTED AND OTHE O OTHER BENEF		S PROMISED BY		ER STIMATED ON SE	H .	ACTUAL			
Amount of solid waste converted											
Amount of hazardous waste converted											
Other benefits: See attached											
SECTION 6	100	TAXPAY	ER CERTIFI	CATION							
I hereby certify that the representations in this sta	tement are tr	ue.									
Signature of authorized representative	Title Controller					Date signed (month, day, year)					

ATTACHMENT TO FORM CF-1, page 1, Section 5

Name of taxpayer

Tri Aerospace, LLC

SECTION 5	WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYE

Other benefits:

Employees receive retirement benefits of contribution to 401(k) and comprehensive health insurance, vision, dental, and long-term disability insurance.

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OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991.

INSTRUCTIONS: (IC 6-1.1-12-5.9)

- This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement
 of Benefits
- Wilhin forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 3. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the County Assessor and the County Auditor.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially compy was caused by factors beyond the control of the property owner.
- If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to. (1) the property owner, (2) the County Auditor; and (3) the County Assessor.

We have reviewed the CF-1 and find that:						
the property owner IS in substantial	compliance		The same of the sa			
the property owner IS NOT in subs	stantial compliance	CONFIDENTIAL				
other (specify)						
Reasons for the determination (attach ad	ditional sheets if necessary)					
Signature of authorized member			Date signed (month, day, year)			
Attested by:		Designating body				
- Micoloc 67.						
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The						
following date and time has been set	t aside for the purpose of considering of					
Time of hearing AM	Date of hearing (month, day, year)	Location of hearing				
	HEARING RESULTS (to be co	ompleted after the hearing)				
		Denied (see insruction 5 above)				
Reasons for determination (attach addition	nal sheets if necessary)					
**						
		2				
Signature of authorized member			Date signed (month, day, year)			
orginatore of dedictized memori						
Attested by:		Designating body				
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]						
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.						
		and the state of t	ar area DEF			

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STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R2 / 12-11)
Prescribed by the Department of Local Government Finance

FORM SB-1/PP

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the fising is public record per IC 0-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

- 1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment end/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to effer July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- 2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may be approved
- 3. To obtain a deduction, a parson must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the Township assessor of the Iownship where the property is situated or with the county assessor if there is no township essessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment end/or research and development equipment end/or logistical distribution equipment end/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
- 4. Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefite. (IC 6-1.1-12-1-5.6)
- 5. The schedules established under IC 6-1.1-12.1-4.6(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

adopted by the design											
SECTION 1			TAXPAYER	INFORMATI	ON .		S COLUMN	SE OF		SIT 85.6	
Name of taxpayer	ormulaeur 1 Po					•					
Tri Aerospac	e, LLC			×			ű.				
Address of texpayer (number and street, city, state, and ZIP code)											
1055 South H	unt Street, Te	erre Hau	te, IN 4	7803							
Name of contact person R. Laurence Cross							(812) 872-2400			0	
SECTION'2		OCATION AN	D DESCRIPT	ION OF PRO	POSED PRO	JECT			100	WOOD STATE	
Name of designating body							Resolution no	umber (a)	la companya.		
Common Council of the City of Terre Haute, Indiana								04, 2013			
Location of property	21 03 011 1-1			Count	y .		DLGF taxing district number				
1055 South Hunt Street, Terre Haute, TN 47803 Vigo Description of manufacturing equipment and/or research and development equipment							# 15 OFF.				
Description of manufactur	ing equipment and/or re	search and d	evelopment eq	uipment			ESTIMATED				
and/or logistical distribution (use additional sheets if n	on equipment and/or into ecessarv)	rmation techi	iology equipme	eni.			START D	AJE	COMP	LETION DATE	
A 4 axis horizontal machining center used in					Manufacturin	ıg Equipment	March	2013	May	2013	
the production	n of aircraft	engines	and eng	ine	R & D Equip	ment					
parts.					Logist Dist E	quipment					
					IT Equipment	ì					
SECTION 3	ESTIMATE OF	EMPLOYEE	S AND SALAR	RIES AS RES	ULT OF PRO	POSED PRO	JECT	USE N	N. Fig.	SELENGTS	
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Current number	Salaries	Number	retained	Salaries		Number ed	ditional	Salari	ioe		
20000					130.00	Number ed	ditional		ioo L,130	0,00	
Current number 33 SECTION 4	\$61, 130,00	33		\$61,	30.00 PROPOSED P	3	ditional			0,00	
SECTION 4	\$61, 130,00 ESTIN	33 MATED TOTA MANUFA	L COST AND CTURING	\$61,1 VALUE OF F		3 ROJECT LOGIS	FDIST	\$61			
37 SECTION 4 NOTE: Pursuant to IC 6-1	\$61 130 00 ESTIL 1.1-12.1-5.1 (d) (2) tha	33 MATED TOTA MANUFA EQUII	L COST AND CTURING MENT	\$61,1 VALUE OF F	ROPOSED P UIPMENT	3 ROJECT LOGIS EQUIP	T DIST MENT	\$61	EQUIP	PMENT	
SECTION 4	\$61 130 00 ESTIL 1.1-12.1-5.1 (d) (2) tha	33 MATED TOTA MANUFA	L COST AND CTURING	\$61,1 VALUE OF F	ROPOSED P	3 ROJECT LOGIS	FDIST	\$61	EQUIP		
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FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this ec- adopted in the resolution previously approved by this body. Said reso authorized under IC 6-1.1-12.1-2.	onomic revitalization area and find to Solution, passed under IC 6-1.1-12.1	hat the applicant meets the general standards -2.5, provides for the following limitations as			
A . The designated area has been limited to a period of time not to excee	ed calendar years *	(see below). The date this designation expires			
is	E				
 B. The type of deduction that is allowed in the designated area is limited 1. Installation of new manufacturing equipment; 2. Installation of new research and development equipment; 3. Installation of new logistical distribution equipment. 	d to:	CONFIDENTIAL			
 Installation of new information technology equipment; 	☐ Yes ☐ No				
C. The amount of deduction applicable to new manufacturing equipments D. The amount of deduction applicable to new research and developments.	2 20				
\$	an equipment is inition to \$				
E . The amount of deduction applicable to new logistical distribution equipments and the second seco	ipment is limited to \$	cost with an assessed value of			
F. The amount of deduction applicable to new information technology of	quipment is limited to \$	cost with an assessed value of			
G. Other limitations or conditions (specify)					
H. The deduction for new manufacturing equipment and/or new research new information technology equipment installed and first claimed elig					
Salate 1	olished prior to July 1, 2000, only a				
	nedule may be deducted.				
☐ 3 years ☐ 8 years					
4 years 9 years					
☐ 5 years ** ☐ 10 years **					
 Did the designating body adopt an alternative deduction schedule pe If yes, attach a copy of the alternative deduction schedule to this form 		lNo			
Also we have reviewed the information contained in the statement of ben determined that the totality of benefits is sufficient to justify the deduction	nefits and find that the estimates and described above.	d expectations are reasonable and have			
pproved: (signalure and title of authorized member)	Telephone number	Date signed (month, day, yoar)			
llosted by:	Designated body				
* If the designating body limits the time period during which an area is an entitled to receive a deduction to a number of years designated under IC		s not limit the length of time a taxpayer is			